



City of Columbus  
Mayor Michael B. Coleman

Department of Development  
Mark Barbash, Director

## Columbus Enterprise Zone Agreement Application

**APPLICATION FOR A PROPOSED AGREEMENT** for Enterprise Zone Tax Incentives  
between the **CITY OF COLUMBUS** located in the County of Franklin and

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*Enterprise Name(s)*

**Please provide complete information in response to every question. Application cannot be processed until all information is complete.**

**Enter the requested information on the Application form in the space provided. Additional information exhibits may be attached but should not be used in lieu of providing information directly on the Application form.**

1. A. Name of business, home or main office address, contact person, and telephone number  
Attach additional pages if multiple enterprises are participating.

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*Enterprise Name*

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*Contact Person Name and Title*

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*Address*

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*Contact Person Address*

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*Contact Person Tel, Fax, Email*

B. Project Site:

Local Contact if different from above:

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*Project Site Address*

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*Name and Title*

Parcel Number: \_\_\_\_\_

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*Address*

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*Tel, Fax, Email*

2. A. Nature of business (manufacturing, distribution, wholesale or other)
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- B. List primary 6-digit North American Industry Classification System (NAICS) code # (formerly SIC): \_\_\_\_\_  
Business may list other relevant NAICS numbers. \_\_\_\_\_
- C. If a consolidation, what are the components of the consolidation? Itemize the locations, assets (including value of inventory), and employment positions to be transferred or relocated to the project site:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. Form of business of enterprise (corporation, partnership, proprietorship, or other).  
\_\_\_\_\_
3. Name of principal owner(s) or officers of the business (attach list as necessary).  
\_\_\_\_\_
4. Is business seasonal in nature? Yes ☐ No ☐
5. A. State the enterprise's current full-time and part-time employment level (if any) at the proposed project site, and indicate how many will be retained at that site:  
  
Full-time \_\_\_\_\_ current Part-time \_\_\_\_\_ current  
Full-time \_\_\_\_\_ to be *retained* Part-time \_\_\_\_\_ to be *retained*
- B. Will the project involve the relocation of any employment positions or assets (including inventory) from one Ohio location to another?  
Yes ☐ No ☐

Note that relocation projects are restricted in non-distress based Ohio Enterprise Zones. A waiver from the Director of the Ohio Department of Development (ODOD) is available for special limited circumstances. Columbus has three Enterprise Zones. The Central Enterprise Zone is distress-based and does not require a relocation waiver. The North Enterprise Zone and the Southeast Enterprise Zone are non-distress based and do require a relocation waiver. The business and City staff should consult ODOD early in the discussions.

- C. If Yes (*i.e.*, relocation), state the locations from which employment positions or assets will be relocated from and where the employment positions or assets (including value of inventory) will be moved/relocated to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. State the enterprise's current employment level in Ohio:

Full-time permanent \_\_\_\_\_

Full-time temporary \_\_\_\_\_

Part-time permanent \_\_\_\_\_

Part-time temporary \_\_\_\_\_

E. State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets:

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F. What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be moved/relocated. Description should include a statement of the number of positions to be relocated and *retained* at the project site and a statement (list) of the assets (including value of inventory) to be relocated to the project site. \_\_\_\_\_

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6. A. Has the enterprise previously entered into an Enterprise Zone Agreement with the local legislative authorities at any site where the employment or assets will be relocated as a result of this proposal?

Yes [ ] No [ ]

B. If Yes, list the local legislative authorities, date, and term of the incentives for each Enterprise Zone Agreement:

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7. Does the Enterprise owe:

A. Any delinquent taxes to the State of Ohio or a political subdivision of the State?

Yes [ ] No [ ]

- B. Any moneys to the State or a political subdivision of the State for the administration or enforcement of any environmental laws?

Yes [ ] No [ ]

- C. Any other moneys to the State or a political subdivision of the State that are past due, whether the amounts owned are being contested in a court of law or not?

Yes [ ] No [ ]

- D. If yes to any of the above, please provide details of each instance including, but not limited to, the location, amounts and/or case identification numbers. Use an additional page if necessary.

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8. Project Description. Include parcel number(s) and a site plan. Use an additional page if necessary:

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9. If a tax exemption is provided:

The project's real property improvements will begin \_\_\_\_\_, 20\_\_ and be completed by \_\_\_\_\_, 20\_\_.

The project's personal property investment will begin \_\_\_\_\_, 20\_\_ and be completed by \_\_\_\_\_, 20\_\_.

10. A. Estimate the number of new employees the business intends to hire at the facility that is the project site:

Full-time permanent _____	Full-time temporary _____
Part-time permanent _____	Part-time temporary _____

- B. State the time frame of the projected hiring: \_\_\_\_\_ years.

- C. State proposed schedule for the projected hiring (may be up to 3 years). Itemize by full- and part-time and permanent and temporary employees.

Number of jobs added				
Year	Full-time perm	Full-time temp	Part-time perm	Part-time temp
1				
2				
3				
Total				

11. A. Estimate the amount of total annual payroll such new employees will add:

Full-time permanent \$ \_\_\_\_\_ Full-time temporary \$ \_\_\_\_\_  
 Part-time permanent \$ \_\_\_\_\_ Part-time temporary \$ \_\_\_\_\_

- B. Complete the required Attachment entitled *New Jobs, Wages and Benefits*.

- C. Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project: \$ \_\_\_\_\_. (Relates to *retained jobs* in 5-A and 5-F.)

12. Market value of the existing facility (if any) at the Project Site as determined for local property taxation. \$ \_\_\_\_\_

13. A. Business' total current investment (if any) in the facility at the Project Site as of the proposal's submission. \$ \_\_\_\_\_

- B. State the business' value of on-site (*i.e.*, Project Site) inventory required to be listed in the personal property tax return of the enterprise in the return for the tax year (stated in average \$ value per most recent 12 month period) in which the agreement is entered into (baseline inventory): \$ \_\_\_\_\_

- C. State the location(s) and value(s) of inventory held at another site(s) *in this state* prior to the agreement and relocated or to be relocated to the Project Site. Use same definition for value as in 13-B above and identify the other locations.

\$ \_\_\_\_\_ (Ohio location)

\$ \_\_\_\_\_ (Ohio location)

14. What are the amounts to be invested by the enterprise to establish, expand, renovate or occupy a facility (estimate):

Type of investment	Amount of investment	
A. Acquisition of buildings	\$	
B. Additions/new construction	\$	
C. Improvements to existing buildings	\$	
	Minimum amount	Maximum amount
D. Machinery & Equipment*	\$	\$
*E. Furniture & Fixtures*	\$	\$
F. Stand-Alone Computers*		
G Inventory	\$	\$
<b>Total New Project Investment</b>	\$	\$

**\*If leased personal property is part of project investment**

Leased personal property that represents part of the project investment must be identified in the Enterprise Agreement. The lessor must be identified in the Agreement.

If leased personal property is part of the project investment stated above, please provide information (estimates) as indicated below:

G. Leased Machinery & Equipment      Investment Amount      Name of Lessor

**Items**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_

H. Leased Furniture & Fixtures      Investment Amount      Name of Lessor

**Items**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_

I. Leased Stand-Alone Computers      Investment Amount      Name of Lessor

**Items**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_

*Use additional sheets as needed.*

15. Business requests the following tax exemption incentives:

	<b>Rate</b>	<b>Term</b>
A. Real Estate Improvements	_____ %	_____ yrs.
B. Machinery & Equipment*	_____ %	_____ yrs.
C. Furniture & Fixtures*	_____ %	_____ yrs.
D. Stand Alone Computers*	_____ %	_____ yrs.
E. Inventory	_____ %	_____ yrs.

**\*If tax exemption is being requested for leased personal property**

If a tax exemption is being requested for leased personal property, the lessor must sign the Enterprise Zone Agreement.

Identify the items of leased personal property for which business is requesting a tax exemption:

E.	<u>Leased Machinery &amp; Equipment</u>	<u>Investment Amount</u>	<u>Name of Lessor</u>
	<b>Items</b>		
	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
	3. _____	\$ _____	_____
F.	<u>Leased Furniture &amp; Fixtures</u>	<u>Investment amount</u>	<u>Name of Lessor</u>
	<b>Items</b>		
	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
	3. _____	\$ _____	_____
G.	<u>Leased Stand-Alone Computers</u>	<u>Investment Amount</u>	<u>Name of Lessor</u>
	<b>Items</b>		
	1. _____	\$ _____	_____
	2. _____	\$ _____	_____
	3. _____	\$ _____	_____

*Use additional sheets as needed.*

G. Business' reasons for requesting the tax incentives (please be quantitative and specific in your response):

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**FEES****1. Application Fee**

This application must be accompanied by a non-refundable Two Hundred and Fifty dollars (\$250) application fee. Any Enterprise Zone application submitted without this fee will be returned to the applicant. Payable by check or money order to: *City of Columbus*.

**2. State Fee**

A separate one-time fee of Seven Hundred and Fifty dollars (\$750) charged by the State and collected by the City with this application. Any Enterprise Zone application submitted without this fee will be returned to the applicant. Payable by separate check or money order to: *Ohio Department of Development*.

**3. Agreement Processing Fee**

The City requires each applicant receiving a tax incentive through an Enterprise Zone Agreement to pay a one-time processing fee of Twenty-five Hundred dollars (\$2,500). This fee is due upon execution of the Enterprise Zone Agreement. Payable by check or money order to: *City of Columbus*.

**4. Annual Monitoring Fee**

The City requires each applicant receiving a tax incentive through an Enterprise Zone Agreement to pay an annual monitoring fee of One Thousand dollars (\$1,000). This fee shall be submitted annually with the applicant's required Annual Report to the City. Annual Reports submitted without this fee will be deemed incomplete and returned to the applicant.

**FINANCIAL STATEMENTS**

This application must be accompanied by current financial statements and balance sheets **AND** financial statements and balance sheets for the previous three years for each enterprise that is part of this application.

The applicant, if granted a tax incentive under the EZ program, agrees to pay the cost of a one-time audit to determine the accuracy of job creation and project investment reports due annually to the City of Columbus. Such audit may be requested by the City of Columbus at any time during the term of the tax incentive granted to the applicant.

**REQUIREMENT TO ENTER INTO FIRST SOURCE AGREEMENT**

Employers granted a tax incentive must enter into a First Source Agreement with the City. First Source seeks to assure continuing employment opportunities for Columbus residents who are unemployed or underemployed. The First Source Agreement establishes as the employer's aspirational goal, the filling of at least 50% of employer's covered job openings (entry level to intermediate skilled positions) with job applicants referred by the First Source program. Job applicants referred to the employer by First Source will have been pre-screened and identified as qualified based on job descriptions the employer will provide to the City's First Source Administrator. The City's First Source Administrator, Franklin County Department of Human Services, will coordinate the recruitment, pre-screening and referral of job candidates for covered positions.



**ABATEMENT TERM COMMENCEMENT**

If granted a tax incentive, the applicant understands that the term will generally not commence until the tax year following the completion of construction for the project. If a project involves phased construction over several years, the abatement term will generally not commence until the completion of construction for the first phase of the project.

**SCHOOL DISTRICT INTERACTION**

The applicant understands that, if granted a tax incentive, the City of Columbus may require the applicant to enter into an arrangement with the local school district in the project area to provide some form of educational support. Such support may be in the form of a mentoring program, scholarship program, contribution of equipment or some other form of contribution useful to schools and acceptable to the applicant. Annual reporting will be required.

**APPLICANT'S CERTIFICATION**

The applicant certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant's knowledge and belief. Submission of this application expressly authorizes the City of Columbus to contact the Ohio Environmental Protection Agency to confirm statements contained within this application and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the City of Columbus.

Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) and 2931.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

U.S.C. Title 18, Sec. 1001, provides: "*Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements of representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.*"

- Please be advised that the Enterprise Zone Agreement and the First Source Agreement will be required to be signed by the enterprise(s) no later than ninety (90) days following Columbus City Council approval of a tax incentive.
- By signing this Application, you acknowledge that you have been provided with the following sample Agreements for review: Columbus Enterprise Zone Agreement and First Source Agreement.

Each enterprise that figures in this application should provide a signature below. Use additional lines as needed.

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*Name of Enterprise*

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*Date*

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*Signature*

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*Typed Name and Title*

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*Name of Enterprise*

---

*Date*

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*Signature*

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*Typed Name and Title*

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*Name of Enterprise*

---

*Date*

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*Signature*

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*Typed Name and Title*

Please submit the application and attachments, with the required fees, to:

City of Columbus  
Department of Development  
Columbus Enterprise Zone Program  
Economic Development Division  
109 North Front Street, 1st Floor  
Columbus, Ohio 43215

Relates to Questions 11-A & B of Enterprise Zone Application

## NEW JOBS AND WAGES

**(Attach additional sheets if necessary.)**

New Jobs Position Title (Please list FT-Perm, FT-Temp, PT- Perm & PT-Temp jobs on separate lines.)	Number of Jobs (For Each Position Title)	Hourly Wage Rate	Annual Salary	Total Annual Payroll	Please check only one box per line.			
					Full time Perm.	Full time Temp.	Part time Perm.	Part time Temp.
<i>Sample: Secretary</i>	6	\$12.00	\$24,960	\$149,760	✓			
<b>Grand Total</b>					<b>Totals↓:</b>			
(Note: Grand Total should equal new payroll in Q11a on Pg. 5 of Application)				\$				

(ATTACHMENT)

**BENEFITS**

\_\_\_\_\_ offers their full-time employees the following benefits:  
(Company Name)

- ☐ Paid Holidays
- ☐ Paid Vacation/Personal Days
- ☐ Vacation Pay
- ☐ 401K Retirement Plan
- ☐ Pension Profit Sharing Plan
- ☐ Training & Education Benefits
- ☐ Employee Discounts
- ☐ Employee Uniforms

- ☐ Disability Pay
- ☐ Annual Bonus
- ☐ Medical/Dental Insurance
- ☐ Other

When do benefits begin? \_\_\_\_\_